

Pre-Arrangement Checklist

Resident/Patient's Name: _____

In order to determine eligibility for the Public Interment Program, please complete the Pre-screening Checklist.

1. Will the death occur in Miami-Dade County? ☐ yes ☐ no
2. Does the patient/resident have any next of kin or legally authorized person (s)?
☐ yes ☐ no **(If the answer is no, please proceed to question # 5)**
3. If yes, was the next of kin or legally authorized person notified? ☐ yes ☐ no
4. Has the next of kin, or legally authorized person been advised of other options, i.e. low-cost funeral homes? ☐ yes ☐ no
5. If no, has a diligent effort been made to locate next of kin, i.e. certified letter, etc.?
☐ yes ☐ no (please detail)
6. Was patient account information verified? (nursing home residents)
☐ yes ☐ no ☐ (If in excess of \$400, please contact a low cost funeral home)
7. Are all applicable PIP forms completed and signed? ☐ yes ☐ no

Please indicate form (s) completed. ☐ Verification of no Next of Kin Affidavit ☐ Decedent Information
☐ Authorization for Cremation & Disposition ☐ Financial Disclosure Affidavit ☐ Verbal Cremation Authorization

Comments:

Completed By: _____ Telephone _____
Facility/Agency _____